

***R20-6-204(G)(2) AFFIDAVIT OF SURPLUS LINES BROKER & INSURER ***

TO BE FILED BEFORE JUNE 1 OF EACH YEAR TO REMAIN ON THE DIRECTOR'S LIST

TO BE RETURNED BY THE SURPLUS LINES BROKER TO THE: RATES & REGULATIONS DIVISION

STATE OF ARIZONA -- DEPARTMENT OF INSURANCE
2910 NORTH 44TH STREET - SUITE 210, PHOENIX, AZ 85018-7269
TELEPHONE: (602) 364-3453; FACSIMILE: (602) 364-3989

SECTION I ("Insurer" as used herein means any of the following: a foreign insurer, an alien insurer, a Lloyds association, an insurance exchange or any member syndicate of an insurance exchange):

A. COMPLETE THE FOLLOWING INFORMATION:

(Name of Insurer)

(Address of Insurer)

B. THE FOLLOWING STATEMENTS ARE TO BE COMPLETED BY A DULY AUTHORIZED OFFICER OF THE INSURER. IF THE ENTITY IS AN ALIEN INSURER OR LLOYDS, AN AUTHORIZED ATTORNEY-IN-FACT MAY EXECUTE THE AFFIDAVIT **AND ONLY ITEMS 1, 2, 4 & 5 OF PARAGRAPH B APPLY TO ALIEN INSURERS:**

1. Have any of the following changes occurred? (If "Yes" provide detail in the accompanying blank)

YES

NO

☐☐

Insurer's name _____

☐☐

Insurer's address _____

☐☐

Insurer's state of domicile _____

2. Lawful Process (Statutory Agent) against or affecting the Insurer may be served upon the following when so served upon the Director of Insurance:

3. Have there been any of the following **material** changes in the insurer's operations since the insurer's initial qualification for listing or the last annual filing? (Material changes include a change in any 1 or a combination of the following; **EXPLAIN "YES" ANSWERS**)

YES

NO

☐☐

A director, officer or controlling person _____

☐☐

The insurer's holding company or affiliates _____

☐☐

The insurer's charter documents, including its articles of incorporation, articles of agreement, or by-laws governing its conduct of business _____

☐☐

The insurer's marketing or administration plans, operations, or agreements with 3rd parties _____

☐☐

Any other matter material to the insurer meeting its obligations to its policyholders _____

☐☐

Any other matter that relates to any of the grounds for removal from the list as set forth in A.R.S. § 20-413 _____

4. YES ☐ NO ☐ Is the insurer in good standing in all jurisdictions where it conducts insurance business?

5. Is the insurer **currently subject to or**, has the insurer **been subject to** any of the following disciplinary actions or orders by any regulatory official since the date of its initial listing or the last annual filing? (Regulatory action or order includes any 1 or a combination of the following)

YES

NO

☐☐

If "YES", the insurer shall describe each matter in the affidavit and shall attach a copy of any applicable official document.

☐☐

Denial, suspension, or revocation of a license, permit, or certificate of authority _____

☐☐

A corrective action or operation plan, consent order, memorandum of understanding, or cease and desist order _____

☐☐

Action against the insurer's bond or securities held in trust by a regulatory official _____

☐☐

Supervision, conservatorship, receivership, or any other form of possession or control by a regulatory official in any jurisdiction _____

6. YES ☐ NO ☐ The report of examination previously filed with the Director **or**, filed with a previous annual filing, remains the most current filed report (If a more recent report of examination exists, the surplus lines broker shall file a certified copy of the report with the affidavit)

SECTION II (AFFIDAVIT):

STATE OF : _____) ss.

COUNTY OF: _____)

I, _____ (COMPLETE NAME OF SURPLUS LINES BROKER) having been duly sworn upon oath, depose and state that I am a surplus line broker licensed by the Director of Insurance in the State of Arizona file this affidavit in accordance with the administrative code requirements of R20-6-204 of the State of Arizona.

SIGNATURE OF BROKER OR AUTHORIZED CORPORATE OFFICER

(TYPED NAME AND ADDRESS OF SURPLUS LINES BROKER OR AUTHORIZED CORPORATE OFFICER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____.

(SIGNATURE OF NOTARY PUBLIC)

(MY COMMISSION EXPIRES)

STATE OF : _____) ss.

COUNTY OF: _____)

I, _____ (COMPLETE NAME OF DULY AUTHORIZED OFFICER OR ATTORNEY-IN-FACT OF THE INSURER) having been duly sworn upon oath, depose and state that I am an officer/authorized attorney-in-fact of _____ (COMPLETE NAME OF INSURER) and that the statements made in this affidavit are true and correct and satisfy the requirements of the Arizona Administrative Code.

SIGNATURE OF DULY AUTHORIZED OFFICER/ATTORNEY-IN-FACT OF THE INSURER

(TYPED NAME AND ADDRESS OF UNAUTHORIZED INSURER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____.

(SIGNATURE OF NOTARY PUBLIC)

(MY COMMISSION EXPIRES)